

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: P2003

Date of Visit: 6/6/19

Contractor Personnel on Site:

1. Tony Lozano
2. Jim Geertzen
3. Scott Werry

4. _____
5. _____
6. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | | | |
|----|-------------|-------------|
| 1. | <u>9171</u> | <u>9223</u> |
| 2. | <u>9283</u> | <u>9450</u> |
| 3. | <u>9385</u> | |
| 4. | <u>9144</u> | |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertzen

Date: 6-6-19

Signed: _____

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SSG Bird Keith

Date: 20190606

Signed: _____

OTHER RECURRING SERVICES CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: P003 - G1

Date of Visit: 6/6/19

Contractor Personnel on Site:

- | | | | |
|----|--------------------|----|-------|
| 1. | <u>Tony Green</u> | 4. | _____ |
| 2. | <u>Jim Geelens</u> | 5. | _____ |
| 3. | <u>Scott Werry</u> | 6. | _____ |

Work Performed:

Other Recurring Services

- | | | |
|----|-------------|-------|
| 1. | <u>9228</u> | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geelens

Date: 6-6-19

Signed: [Signature]

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SSG Bird Keith

Date: 20190606

Signed: [Signature]

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #:

PA 003 - C1

MECHANIC

SIGNATURE:

DATE:

6/6/19

LOCATION/RM #:

MEP

WO#

8228

ASSET #

7451

START TIME:

4:45 A.M.

FINISH TIME:

5:00 A.M.

ITEM NO.	DESCRIPTION	BASIC REQUIREMENTS		SPECIAL INSTRUCTIONS	NOTES/ACTIONS
		YES	NO		
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.		✓		
2	Schedule and coordinate work with operating personnel.	✓			
3	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	✓			
TO BE PERFORMED AT EACH INSPECTION SERVICE					
1	Open and tag switch.	✓			
2	Inspect visual condition of wiring. Look for evidence of overheating.	✓			
3	Check for proper light operation.	✓			
4	Test operation of automatic switches/ time clock/ photocells if applicable.	✓			
5	Inspect light pole and mounting devices for deficiencies.	✓			
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	✓			

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

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PC